


Appropriation No. <input checked="" type="checkbox"/> CERCLA 68-20X8145 <input type="checkbox"/> RCRA 68-50109 <input type="checkbox"/> OTHER DCN: _____		<b>ENVIRONMENTAL PROTECTION AGENCY</b> Technical Support for Enforcement at Hazardous Waste Sites <input type="checkbox"/> TES-1 <input type="checkbox"/> TES-2		Contractor: <u>GCA</u> Work Assignment No. <u>83-48</u> No. of Pages to Follow: <u>10</u>	
<input type="checkbox"/> Original Work Assignment <input checked="" type="checkbox"/> Amendment No. <u>1</u>		<input type="checkbox"/> Work Plan Approval A revised Work Plan <input type="checkbox"/> is <input checked="" type="checkbox"/> is not required			
The Contractor shall furnish facilities, materials, and the necessary professional, technical and supporting personnel for performance of the work required by this Work Assignment, described below.					
TITLE: Site Name <u>TAB CREEK</u> Task Desc. <u>RESP. PARTY SEARCH</u> Task Type <u>01</u>					
Priority: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Expedite		Reference Information: <input type="checkbox"/> Attached <input type="checkbox"/> Transmitted Separately <input checked="" type="checkbox"/> Not Applicable			
Site Identifier No. <u>TGB81</u> <u>CL37</u>		Government Est.		Contractor Est.	
Effort (Technical Labor Hours):		Previous			
		This Action			
		Total			
Expert Witness Hours (Not to be included in LOE Hours)					
Period of Performance: From Effective Date (see below)					
or: To Completion of Deliverables		<u>6-9-85</u>			
Site Location (City or County): <u>Cherokee County</u>				State: <u>KS</u> Region: <u>07</u>	
Statement of Work Summary: (enforcement objective and regulatory action being supported here, attach statement of work) <u>This amendment is for an extension of the period of performance to June 9, 1985.</u>					
Reporting Requirements: <input type="checkbox"/> Briefing(s) <input type="checkbox"/> Letter Report <input type="checkbox"/> Draft Final Report <input type="checkbox"/> Other					
<input checked="" type="checkbox"/> Submit all deliverables to Region (Note: Monthly Reports and Final Reports are required for all work assignments.)					
Primary Contact: (Name, Address, Tel. No.)		<u>USEPA (WH521)</u> <u>FTS 382-5617</u> <u>401 M Street SW</u> <u>Cheryl Peterson, Washington DC 20460</u> <u>(202) 382-5617</u>			
Backup Contact: (Name, Address, Tel. No.)		<u>FTS 768-6864</u> <u>(816) 374-6864</u> <u>Alice C. Furset, EPA, 324 E 11th St, Kansas City MO 64106</u>			
Initiator: <u>Alice C. Furset</u>		Date: <u>12-17-84</u>			
Project Officer:		Date:		Tel. (202) 382-4842 (FTS)	
 <b>S00025521</b> <b>SUPERFUND RECORDS</b>					
Contracting Officer		DATE (effective date)			
Contractor Acknowledgement of Receipt (signature & title)		DATE			
*Justification Required					